

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CREDO SUPERPAC			FEC IDENTIFICATION NUMBER ▼ C C00507517		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Alliance Graphics			Date 10 / 15 / 2012		
Mailing Address 1101 8th Street, Suite 100			Amount 544.22		
City Berkeley	State CA	Zip Code 94710	Transaction ID : SE.8857		
Purpose of Expenditure Printing		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 27283.71			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Credo Mobile			Date 10 / 04 / 2012		
Mailing Address 101 Market Street Suite 700			Amount 1337.77		
City San Francisco	State CA	Zip Code 94105	Transaction ID : SE.8850		
Purpose of Expenditure Phones		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 15739.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			1881.99		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Becky Bond</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date 10 / 15 / 2012</p>					

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
CREDO SUPERPAC

FEC IDENTIFICATION NUMBER ▼

C C00507517

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Jason Freeman

Date

MM / DD / YYYY
10 / 10 / 2012

Mailing Address 1820 London Road

Amount

937.50

City
Duluth

State
MN

Zip Code
55812

Transaction ID : SE.8854

Purpose of Expenditure
Payroll

Category/
Type

Office Sought:

☒

House

State:

MN

☐

Senate

District:

08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

19801.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Malinda Frevert

Date

MM / DD / YYYY
10 / 10 / 2012

Mailing Address 125 N 2nd Ave E

Amount

1125.00

City
Duluth

State
MN

Zip Code
55805

Transaction ID : SE.8853

Purpose of Expenditure
Payroll

Category/
Type

Office Sought:

☒

House

State:

MN

☐

Senate

District:

08

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

RAYMOND J MR. CRAVAACK

Calendar Year-To-Date Per Election
for Office Sought

18864.49

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2062.50

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Becky Bond

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2012

Signature

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PAGE 3 OF 4
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Full Name (Last, First, Middle Initial) of Payee Joseph Gallant			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 10 / 2012		
Mailing Address 13 West Myrtle Street			Amount 937.50		
City Duluth		State MN		Zip Code 55811	
Purpose of Expenditure Payroll		Category/ Type 		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20739.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Impact Dialing			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 05 / 2012		
Mailing Address 3543 19th Street			Amount 500.00		
City San Francisco		State CA		Zip Code 94110	
Purpose of Expenditure Phones		Category/ Type 		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16239.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			1437.50		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;"> <i>Becky Bond</i> [Electronically Filed] Date M M / D D / Y Y Y Y Y Y Y Y 10 / 15 / 2012 </p> <p>Signature _____</p>					

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Full Name (Last, First, Middle Initial) of Payee NGP VAN			Date M M / D D / Y Y Y Y Y Y 10 / 12 / 2012		
Mailing Address 1101 156h Street, NW			Amount 6000.00		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.8856		
Purpose of Expenditure Phone Dialer		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 26739.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee Monique Teal			Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2012		
Mailing Address 124 E. Arrowhead Rd.			Amount 1500.00		
City Duluth	State MN	Zip Code 55803	Transaction ID : SE.8852		
Purpose of Expenditure Payroll		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: RAYMOND J MR. CRAVAACK			Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 17739.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	12881.99

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Becky Bond

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 15 / 2012